

KENTUCKY EMPLOYEES' HEALTH PLAN OPEN ENROLLMENT 2011



2011 PLAN OPTIONS

- ✖ Commonwealth Standard PPO
- ✖ Commonwealth Maximum Choice
- ✖ Commonwealth Capitol Choice
- ✖ Commonwealth Optimum PPO



COMMONWEALTH STANDARD PPO



Value-based, traditional PPO plan

Annual Deductible:

- Single \$500 (\$1,500 Out of Network)
- Family \$1,500 (\$3,000 Out of Network)

Annual Out-of-Pocket Maximum :

- Single \$3,500 (\$5,000 Out of Network)
- Family \$7,000 (\$9,500 Out of Network)



COMMONWEALTH STANDARD PPO



Co-Insurance

- Plan 75% (50% if Out of Network)
- Member 25% (50% if Out of Network)

Doctor Visits

- Deductible then 25%
(Deductible then 50% if Out of Network)



COMMONWEALTH STANDARD PPO



Routine Well Child Care

- Covered at 100%

(Member may be subject to deductible and co-insurance if visit is determined as diagnostic)



Routine Well Adult Care

- Covered at 100%

(Member may be subject to deductible and co-insurance if visit is determined as diagnostic)



COMMONWEALTH STANDARD PPO

Prescription Drugs: 30-Day Supply

In Network

25%

Tier 1 – Generic

Min \$10 - Max \$25

Tier 2 – Formulary

Min \$20 - Max \$50

Tier 3 – Non-Formulary

Min \$35 - Max \$100

Out of Network

Not Applicable



COMMONWEALTH STANDARD PPO



Prescription Drugs: 90-Day Supply (retail or mail order)

In Network

25%

Tier 1 – Generic

Min \$20 - Max \$50

Tier 2 – Formulary

Min \$40 - Max \$100

Tier 3 – Non-Formulary

Min \$70 - Max \$200

Out of Network

Not Applicable



COMMONWEALTH STANDARD PPO

(Non Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$486.40	\$486.40	\$0
Parent Plus	\$749.84	\$741.56	\$8.28
Couple	\$1,127.80	\$845.62	\$282.18
Family	\$1253.56	\$965.12	\$288.44
Family X-ref	\$626.78	\$626.78	\$0

All employee contributions are per employee, per month

COMMONWEALTH STANDARD PPO

(Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$486.40	\$460.90	\$25.50
Parent Plus	\$749.84	\$689.24	\$60.60
Couple	\$ 1,127.80	\$793.30	\$334.50
Family	\$ 1,253.56	\$912.80	\$340.76
Family X-ref	\$ 626.78	\$602.06	\$24.72

All employee contributions are per employee, per month

COMMONWEALTH STANDARD PPO



PROS

- Dependent coverage at a cheaper rate
- Good plan for catastrophic coverage
- Prescription benefits with member responsible for 25% of script
- Great plan for people who are interested in good, basic plan and want dependent coverage at a lower price



COMMONWEALTH STANDARD PPO



CONS

- Member will pay out-of-pocket first until deductible is satisfied then pay co-insurance
- Plan does not have fixed co-pays for providers or for prescriptions
- Max out-of-pocket is higher for both single and family plans

COMMONWEALTH MAXIMUM CHOICE



Embedded Health Reimbursement Account (HRA)

Single : \$1,000; Parent Plus: \$1,500; Couple \$1,500; Family \$2,000; Cross Ref. \$2,000

HRA Funds can be used for a variety of health expenses:

- Prescriptions
- Deductible
- Co-insurance
- Dental*
- Vision*

*** These amounts do not apply to deductible or max out-of-pocket for plan.**

COMMONWEALTH MAXIMUM CHOICE



Annual Deductible for both In and Out of Network:

- Single \$2,300
- Family \$4,455

Annual Out-of-Pocket Maximum:

- Single \$3,455 (\$4,600 Out of Network)
- Family \$5,185 (\$6,900 Out of Network)

All COVERED expenses apply to the maximum out-of-pocket

COMMONWEALTH MAXIMUM CHOICE



Co-Insurance

- Plan 90% (60% if Out of Network)
- Member 10% (40% if Out of Network)

Doctor Visits

- Deductible then 10%
(Deductible then 40% if Out of Network)

COMMONWEALTH MAXIMUM CHOICE



Routine Well Child Care

- Covered at 100% (Not Covered if Out of Network)
(Member may be subject to deductible and co-insurance if visit is determined as diagnostic)



Routine Well Adult Care

- Covered at 100% (Not Covered if Out of Network)
(Member may be subject to deductible and co-insurance if visit is determined as diagnostic)

COMMONWEALTH MAXIMUM CHOICE



Prescription Drugs: 30-Day Supply

In Network

Each Tier:

Deductible then 10%*

Out of Network

Each Tier:

Deductible then 40%*



* Once member has met the maximum out-of-pocket all services are covered at 100% including scripts

COMMONWEALTH MAXIMUM CHOICE



Prescription Drugs: 90-Day Supply (retail or mail order)

In Network

Each Tier:

Deductible then 10%

Out of Network

Not Applicable



* Once member has met the maximum out-of-pocket all services are covered at 100% including scripts

COMMONWEALTH MAXIMUM CHOICE



(Non Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$605.40	\$575.42	\$29.98
Parent Plus	\$861.26	\$742.60	\$118.66
Couple	\$ 1,207.80	\$843.02	\$364.78
Family	\$ 1,377.36	\$943.20	\$434.16
Family X-ref	\$ 688.68	\$644.34	\$44.34

All employee contributions are per employee, per month

COMMONWEALTH MAXIMUM CHOICE



(Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$605.40	\$549.88	\$55.52
Parent Plus	\$861.26	\$690.28	\$170.98
Couple	\$ 1,207.80	\$790.70	\$417.10
Family	\$ 1,377.36	\$890.88	\$486.48
Family X-ref	\$ 688.68	\$619.70	\$68.98

All employee contributions are per employee, per month

COMMONWEALTH MAXIMUM CHOICE



PROS

- Embedded HRA to use toward out-of-pocket expenses and unused funds roll over to next plan year
- Good plan for healthy and very unhealthy members
- Plan pays 100% after max out-of-pocket is obtained
- Well Checks/Preventative covered at 100% unless visit is considered diagnostic

CONS

- Member will pay out-of-pocket first until deductible is satisfied then pay co-insurance until max out-of-pocket is met
- Plan does not have fixed co-pays for providers or for prescriptions
- Max out-of-pocket is higher for both single and family plans compared to Optimum Plan

COMMONWEALTH CAPITOL CHOICE



Annual Deductible:

- Single \$575 (\$1,150 Out of Network)
- Family \$1,725 (\$3,455 Out of Network)

Annual Out-of-Pocket Maximum:

- Single \$2,300 (\$3,800 Out of Network)
- Family \$6,900 (\$9,400 Out of Network)

Excludes prescription drug Co-Pays and all other Co-Pays

Co-Insurance

- Plan 80% (60% if Out of Network)
- Member 20% (40% if Out of Network)

Doctor Visits In Network

- \$20 PCP
- \$25 Specialist

Out of Network

Deductible then 40%

Routine Well Child Care

- \$15 Co-Pay (Member will be subject to deductible and 40% co-insurance if Out of Network)



Routine Well Adult Care

- \$15 Co-Pay (Member will be subject to deductible and 40% co-insurance if Out of Network)



COMMONWEALTH CAPITOL CHOICE



Prescription Drugs: 30-Day Supply

In Network

Tier 1 – Generic
\$10

Tier 2 – Formulary
\$25

Tier 3 – Non-Formulary
\$45

Out of Network

Not Applicable



COMMONWEALTH CAPITOL CHOICE



Prescription Drugs: 90-Day Supply (retail or mail order)

In Network

Tier 1 – Generic
\$15

Tier 2 – Formulary
\$45

Tier 3 – Non-Formulary
\$90

Out of Network

Not Applicable



COMMONWEALTH CAPITOL CHOICE



(Non Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$625.68	\$589.14	\$36.54
Parent Plus	\$909.02	\$752.04	\$156.98
Couple	\$ 1,387.36	\$903.38	\$483.98
Family	\$ 1,537.92	\$964.76	\$573.16
Family X-ref	\$ 768.96	\$717.22	\$51.74

All employee contributions are per employee, per month

COMMONWEALTH CAPITOL CHOICE



(Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$625.68	\$563.86	\$61.82
Parent Plus	\$909.02	\$699.72	\$209.30
Couple	\$1,387.36	\$850.96	\$536.40
Family	\$1,537.92	\$912.44	\$625.48
Family X-ref	\$768.96	\$692.46	\$76.50

All employee contributions are per employee, per month

PROS

- One time \$500 Benefit Allowance for each covered person on the plan
- Predictable co-pays
- Predictable Prescription co-pays
- Cheaper max out-of-pocket

COMMONWEALTH CAPITOL CHOICE



CONS

- Higher premium
- \$15 Co-Pay for Preventative and Well Checks
- Max out-of-pocket is higher for Family plan then the Maximum Choice Plan and Optimum Plan

COMMONWEALTH OPTIMUM PPO



Annual Deductible:

- Single \$345 (\$690 Out of Network)
- Family \$690 (\$1,380 Out of Network)



Annual Out-of-Pocket Maximum:

- Single \$1,295 (\$2,590 Out of Network)
- Family \$2,590 (\$5,185 Out of Network)

Excludes prescription drug Co-Pays and all other Co-Pays

COMMONWEALTH OPTIMUM PPO



Co-Insurance

- Plan: 85% (70% if Out of Network)
- Member: 15% (30% if Out of Network)

Doctor Visits In Network

- \$15 PCP
- \$20 Specialist

Out of Network

Deductible then 30%

Routine Well Child Care

- \$10 Co-Pay (Member will be subject to deductible and 30% co-insurance if out of network)



Routine Well Adult Care

- \$10 Co-Pay (Member will be subject to deductible and 30% co-insurance if out of network)



COMMONWEALTH OPTIMUM PPO

Prescription Drugs: 30-Day Supply

In Network

Tier 1 – Generic
\$10

Tier 2 – Formulary
\$25

Tier 3 – Non-Formulary
\$45

Out of Network

Each Tier: 30%



COMMONWEALTH OPTIMUM PPO

Prescription Drugs: 90-Day Supply (retail or mail order)

In Network

Tier 1 – Generic
\$15

Tier 2 – Formulary
\$45

Tier 3 – Non-Formulary
\$90

Out of Network

Not Applicable



COMMONWEALTH OPTIMUM PPO



(Non Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$650.30	\$588.78	\$61.52
Parent Plus	\$905.42	\$713.02	\$192.40
Couple	\$ 1,405.66	\$893.88	\$511.78
Family	\$ 1,565.88	\$954.22	\$611.66
Family X-ref	\$ 782.94	\$714.54	\$68.40

All employee contributions are per employee, per month

COMMONWEALTH OPTIMUM PPO



(Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$650.30	\$563.66	\$86.64
Parent Plus	\$905.42	\$660.70	\$244.72
Couple	\$1,405.66	\$841.56	\$564.10
Family	\$1,565.88	\$901.90	\$663.98
Family X-ref	\$782.94	\$689.82	\$93.12

All employee contributions are per employee, per month

PROS

- Predictable co-pays
- Predictable Prescription co-pays
- Cheaper max out-of-pocket

CONS

- Higher premium
- Plan does not pay 100% after max out-of-pocket is met



ELIGIBILITY GUIDELINES FOR 2011

ELIGIBILITY / VERIFICATION REQUIREMENTS



Spouse

- A person of the opposite sex to whom you are legally married

Documentation Requirements

- Legible photocopy of the marriage certificate OR
- Legible photocopy of top half of the front page of employee/retiree's most recent federal tax return (Form 1040)

ELIGIBILITY / VERIFICATION REQUIREMENTS

Common Law Spouse

- A person of the opposite sex with whom you have established a Common Law union in a state which recognizes Common Law Marriage (Kentucky does not recognize Common Law Marriage)

Documentation Requirements

- A legible photocopy of the Certificate or Affidavit of Common Law Marriage from a state that recognizes Common Law Marriage

ELIGIBILITY / VERIFICATION REQUIREMENTS



Child Age 0 to 18

- Son, daughter, stepson, stepdaughter, foster child, adopted child, grandchild

Documentation Requirements

- Natural Child – legible copy of child's birth certificate showing employee/retiree as parent
- Step Child – legible photocopy of child's birth certificate showing employee/retiree's spouse as a parent AND copy of marriage certificate showing names of employee/retiree and the spouse
- Legal Guardian, Adoption, Foster Child – legible photocopy of court orders, guardianship documents, affidavits OR legible legal decrees

ELIGIBILITY / VERIFICATION REQUIREMENTS



Child Age 19 to 25

- Son, daughter, stepson, stepdaughter, foster child, adopted child, grandchild
- AND NOT eligible to enroll in an employer-sponsored health plan

Documentation Requirements

- Natural Child – legible copy of child's birth certificate showing employee/retiree as parent.
- Step Child – legible photocopy of child's birth certificate showing employee/retiree's spouse as a parent
 - **AND** copy of marriage certificate showing names of employee/retiree and the spouse
 - **AND** the Kentucky Employees' Health Plan 2011 Certification of Dependent Eligibility form

ELIGIBILITY / VERIFICATION REQUIREMENTS



Disabled Dependent

- A dependent child who is totally and permanently disabled may be covered under your KEHP benefit plan beyond the end of the month in which he/she turns 26, provided the disability started before his/her 26th birthday and is medically-certified by a physician
- A disabled dependent not covered in KEHP prior to his/her 26th birthday may be enrolled in the KEHP only if he/she loses other coverage

Documentation Requirements

- Contact the Enrollment Information Branch for the specific documentation needed at 502-564-1205

Cross Reference Payment Option

- A payment option involving two employees/retirees who are a legally married couple and enroll themselves and at least one child as a dependent in a KEHP family plan

Documentation Requirements

- The same documents required to verify spouse and children

ELIGIBILITY / VERIFICATION REQUIREMENTS



- Documentation for dependents enrolled during Open Enrollment (who were not previously verified during the dependent audit) must be provided no later than **December 20, 2010**
- Dependent verification for Qualifying Events must be submitted **WITH** the Qualifying Event documents and Qualifying Event documents must be signed within the event timeframe

SPECIAL ENROLLMENT FOR PREVIOUSLY DROPPED DEPENDENTS OR DEPENDENTS WHO DID NOT MEET KEHP GUIDELINES



At KEHP, “Members Matter”

SPECIAL ENROLLMENT FOR DEPENDENTS

10/1/10 – 10/31/10



- Between 10/1/10 – 10/10/10 applications can only be signed by members adding dependents ages 19 – 26
 1. Member should complete the normal Open Enrollment application with 2011 Health Insurance and FSA enrollment choices, list all dependents who need coverage for 2011 and sign it the same day
 2. Member should complete affidavit “*2011 Certification of Dependent Eligibility*” for all dependents age 19 to 26
 3. IC should mark the enrollment as “Special” to alert EIB that the application requires special handling

SPECIAL ENROLLMENT FOR DEPENDENTS

10/1/10 – 10/31/10



➤ Continued

4. The IC should mail the form and affidavit to EIB for processing; ICs will not be able to enter these forms online because the signature date is outside of Open Enrollment
5. During Open Enrollment (10/11-10/24) member can log in and make changes to the OE plan which contains an Adult Child on it; member will be allowed to log on during OE to ensure they have the same opportunity as everyone else to change their options, update their smoker status and enroll in an FSA, as often as they wish during OE window

SPECIAL ENROLLMENT 10/11 – 10/24



Special Enrollment during Open Enrollment

1. Member can complete a paper form, and sign it on same day;
the IC should enter this application
2. **OR**, the member can log in and enroll on Web Enrollment anytime during Open Enrollment; they can make plan changes, update dependents, and add the new Adult Child, etc.
3. The member should complete the affidavit: “*2011 Certification of Dependent Eligibility*” for all dependents age 19 to 26
4. IC should mail completed affidavits to EIB

SPECIAL ENROLLMENT BETWEEN 10/25 AND 10/31



1. The member should complete the application, sign and date it on the same day
2. The member should complete the affidavit: “*2011 Certification of Dependent Eligibility*” for all dependents age 19 to 26
3. The IC should enter this application; this timeframe is during the IC clean-up period which ends November 5, 2010
4. IC should mail completed affidavits to EIB

2011 CERTIFICATION OF DEPENDENT ELIGIBILITY FORM



**This form MUST be submitted
for every dependent child
between the ages of 19-26**



**Kentucky Employees' Health Plan
2011 Certification of Dependent Eligibility**
Must be submitted for covered dependents ages 19 to 26

Section I: Statement of Dependency

Name of KEHP Member

Member's Social Security Number

Name of Dependent

Dependent's Social Security Number

Dependent's Date of Birth

Section II: Dependent's Status

Does the dependent meet the dependent eligibility criteria for Kentucky Employees' Health Plan? ☐ Yes ☐ No

Is this Dependent Employed? ☐ Yes ☐ No

Name and Address of Employer: _____

Does this employer offer health insurance for which this dependent is eligible? ☐ Yes ☐ No

Section III: Acknowledgement

I, the member, and I, the dependent referenced above, do certify under penalty of perjury that the information I have provided on this affidavit is correct and complete. I understand that omissions or incorrect statements made by me on this affidavit could lead to (1) retroactive loss of benefits for the dependent named above; (2) disciplinary action, up to and including termination of employment; and (3) civil and/or criminal penalties.

I understand that this form is not an application for insurance coverage and that the purpose of this form is to establish eligibility of dependent persons named herein for the coverage provided under the Kentucky Employees' Health Plan.

I understand that this signed affidavit will be retained in my employee benefits file.

Print Name of Member

Print Name of Dependent

Signature of Member

Signature of Dependent

Date

Date

Mail to KEHP at: 501 High Street, 2nd Floor, Frankfort KY 40601

kehp.ky.gov

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OPEN ENROLLMENT 2011

OPEN ENROLLMENT 2010

October 11th – October 24th for the 2011 Plan Year



Open Enrollment 2011



[Click HERE to enroll](#)

October 11 to October 24, 2010

Active Employees

Your KEHP Online Access
(coming soon)
KEHP Benefits Analyzer
(coming soon)
KEHP Benefit Selection Guide
(coming soon)
[Application](#) (PDF-105KB)
[Legal Notice](#) (PDF-96KB)

Health Plans
(coming soon)
FSA / HRA Plans
(coming soon)
FAQ
(coming soon)
[Benefit Fair Schedule](#)(PDF-22 KB)

[Virgin HealthMiles](#)
[Wellness Information](#)

Retirees (Under 65)

[Retiree Application](#) (PDF-420KB)

FAQ KRS & KTRS

[2011 Medicare Part D Notice](#)
(PDF-30KB)

Insurance Coordinators

[IC Tool Kits](#)
[Insurance Coordinator Listing](#)
(PDF-152 KB)

Newsletter
(coming soon)
[Forms](#)
Training Information
(coming soon)

HIPAA Online Training
(coming soon)

Contact Information

[Password Reset](#)

[Technical Assistance](#)

[KEHP Member Services](#)

At KEHP, "Members Matter"

ENROLLMENT OPTIONS



- Online Enrollment – ID and Password required
 1. Benefits Analyzer to assist you in selecting the health plan that is right for you and/or your family
 2. Once your enrollment is complete you will receive a confirmation number screen (if you do not see a confirmation number, your enrollment is not official and you must re-enroll prior to the end of the Open Enrollment period)
 3. Print the confirmation page or write down the confirmation number and save for future reference

ENROLLMENT OPTIONS



➤ Paper Enrollment

- Paying by cross reference with a retiree
- A new employee who has not yet enrolled for 2010 or who wants to begin a cross reference payment option
- Switching the “primary” planholder on a cross-reference payment option
- Retirees who have returned to work and are age 65

➤ Retirees

- You may enroll using the online enrollment information sent to you from your retirement system

WHO TO CALL AND WHERE TO CLICK



Who to Call

- Humana: 877-KYSPIRIT
- Express Scripts: 877-KYSPIRIT
- KEHP: 888-581-8834
502-564-6534
- KTRS : 800-618-1687
502-848-8500
- KRS : 800-928-4646 (opt 2)
502-696-8800 (opt 2)
- KCTCS Retirement 859-256-3100
- Judicial Retirement OR
Legislative Retirement 502-564-5310

Where to Click

www.myhumana.com
www.express-scripts.com
www.kehp.ky.gov

www.ktrs.gov

www.kyret.ky.gov

2011 PLAN YEAR CHANGE HIGHLIGHTS



* Dependent coverage for ages 19-26

- The child can be married and does not have to live with the planholder; (dependents who are eligible to enroll in their own employer- sponsored plan are excluded)

* Autism Coverage

- Autism Services have increased to \$50,000, per year for dependents ages one through six, and \$1,000 per month for dependents ages seven through 21

2011 PLAN YEAR CHANGE HIGHLIGHTS



- ✱ Pre-existing Condition Elimination for Children
 - Children under 19 will no longer be subject to pre-existing condition rules starting 2011



At KEHP, "Members Matter"

HIPAA TRAINING 2011



- ✳ HIPAA TRAINING is currently being re-vamped for the 2011 plan year
 - More information will be available soon along with instructions on how to complete the HIPAA TRAINING for 2011



Open Enrollment 2011

Flexible Spending Account(FSA)

&

Health Reimbursement Accounts (HRA)



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) are offered under a Section 125 cafeteria plan and are a pre-tax benefit to employees. The Kentucky Employees' Health Plan (KEHP) offers two types of FSAs:

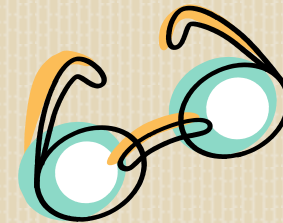
- Healthcare FSA
- Dependent Care FSA

FLEXIBLE SPENDING ACCOUNTS - HEALTHCARE FSA



Pre-tax benefit to pay for:

- **Co-payments**
- **Deductibles**
- **Eye glasses**
- **Dental services**
- **Braces**



FLEXIBLE SPENDING ACCOUNTS - HEALTHCARE FSA



- Employee must enroll every year
- Not eligible for over the counter medicines
- Employee elects an annual dollar amount
 - × \$5,000 Annual Maximum Contribution
 - × Employee Contributions only (minimum \$10.00 per pay period)

FLEXIBLE SPENDING ACCOUNTS - HEALTHCARE FSA



- Employees have until March 31st of the following plan year to submit claims that were incurred during the period of coverage
- Unused money is forfeited - **“Use-It or Lose-It”** Rule
- Certain Qualifying events will allow election changes during the year

FLEXIBLE SPENDING ACCOUNTS - DEPENDENT CARE FSA



- Pre-tax benefit to pay for:
 - Day Care Services (under age 13)
 - Adult Care Services
- Expenses must be employment related

FLEXIBLE SPENDING ACCOUNTS - DEPENDENT CARE FSA



- Employee must enroll every year
- Employee elects an annual dollar amount
- Maximum employee contribution is based on tax filing status:
 - Head of household (HOH) \$5,000
 - Married filing separately \$2,500
 - Married filing jointly \$5,000

Minimum employee contribution is \$10.00 per pay period

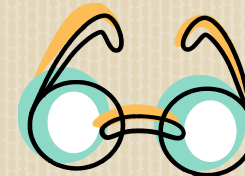
FLEXIBLE SPENDING ACCOUNTS - DEPENDENT CARE FSA



- Unused money is forfeited - **“Use-It or Lose-It”** Rule
- Employees have until March 31st of the following plan year to submit claims that were incurred during the period of coverage
- Certain Qualifying Events will allow election changes during the year

HEALTH REIMBURSEMENT ACCOUNTS (HRA)

- Reimburses for the same services as healthcare FSA
- Not eligible for over-the-counter medicines
- Can be used for:
 - Co-payments
 - Deductibles
 - Eye glasses
 - Dental



HEALTH REIMBURSEMENT ACCOUNTS (HRA)

- Only available for employees who waive health insurance coverage
- \$2100 annual contribution
- Employer contributions only
- Unused money carries to next year*

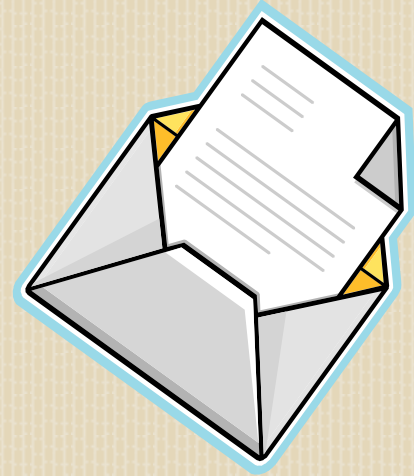
* Specific requirements-must keep the same plan as prior year election

CLAIMS PAYMENT

Pay for services up front

Submit copies of :

- Itemized statements; or
- EOB (explanation of benefits)





CLAIMS PAYMENT

HUMANA.
Coverance when you need it most

Health Reimbursement Account and Flexible Spending Account Claim Form

Part I: Employee Information (Please Print)

Employee Name (Last/First/M.I.)	Date of Birth	Social Security Number
Employee e-mail Address – Completion of e-mail address will auto enroll you to receive account e-mail correspondence.		Daytime Telephone Number

Part II: Reimbursement Request

Types of Service Combine all same Type of Service Expenses	Dates of Service		Explanation of Benefits (E.O.B.) Included (Y/N)		Total Requested Amount
	Beginning Date	Ending Date	*Explanation of Benefits (EOB)	Itemized receipt	
Medical			<input type="checkbox"/>	<input type="checkbox"/>	
Vision			<input type="checkbox"/>	<input type="checkbox"/>	
Prescription			<input type="checkbox"/>	<input type="checkbox"/>	
Over-the-Counter Medication (OTC)			<input type="checkbox"/>	<input type="checkbox"/>	
Dental			<input type="checkbox"/>	<input type="checkbox"/>	
Durable Medical Equipment			<input type="checkbox"/>	<input type="checkbox"/>	
Other			<input type="checkbox"/>	<input type="checkbox"/>	
Total Requested Amount					

Part III: Dependent Care Affidavit and Reimbursement Request

Dependent's Full Name	Date of Birth	Dates of Service		Total Requested Amount	Adult	DayCamp	Daycare
		Beginning Date	Ending Date				
1							
2							
Total Requested Amount:							
Provider Tax ID: (optional)	Provider Name:						

I provided Adult/Child Care Services to the above individuals in accordance with the amounts and dates that are requested:

Provider Signature: _____ Date: _____

TO EXPEDITE CLAIM PAYMENT, PLEASE FILL OUT COMPLETE CLAIM FORM.

Part IV: Employee Certification for Reimbursement

I hereby certify that:

- The above information is correct;
- I have not received reimbursement previously from my HRA/FSA or any other plan, including through the use of my HumanaAccessSM Visa[®] Debit Card, and these expenses are not eligible for reimbursement under any other plan; and I understand that:
 - Dependent care expenses reimbursed through this account cannot be used as a dependent care credit on my personal tax return;
 - Reimbursement is not a guarantee that this payment is tax free; and
 - Health care expenses reimbursed through this account cannot be used as a deduction on my personal income tax return.

I hereby authorize release of payment through my Health Reimbursement Account or Flexible Spending Account. I hereby authorize Humana Inc. or its representatives to obtain necessary information from all physicians, hospitals, medical service providers, pharmacists, employers, and all other agencies or organizations (this includes other insurers) to consider the claim for reimbursement under my Health Reimbursement Account or Flexible Spending Account.

Employee Signature: _____ Date: _____

GHC-16669 COK 11/06

➤ Claim Form

■ KEHP.ky.gov

■ <http://www.humana.com>



CLAIMS PAYMENT

Mail to:

Humana Spending Account
Administration

P.O. Box 14167

Lexington KY 40512-4167

Fax to :

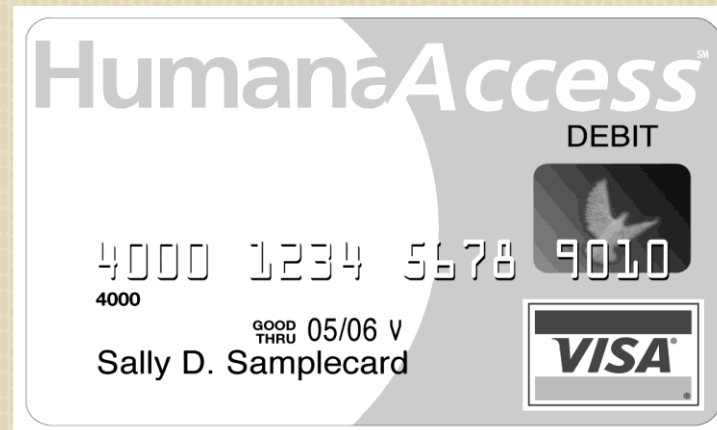
800-905-1851

CLAIMS PAYMENT



Electronic

➤ HumanaAccessSM VISA[®] Debit Card



HUMANACCESSSM VISA[®] DEBIT CARD



- Must be activated prior to use
- Swipe the card to make your purchase
- No PIN required; select the “credit” option
- Amount of transaction is automatically deducted from FSA and/or HRA balance
- Funds are deducted from FSA first
- Can be used at pharmacies, doctors' office, hospitals and drug stores

TERMINATION DATES



- The termination date for an FSA and an HRA is the day employment ends or the day the employee retires
- HRA contributions are paid by the employer up to the date employment ends

REMINDERS



- Employees who waive coverage will receive a maximum of \$2100 for the year
- FSAs and HRAs terminate on the last day worked
- NO event will allow an employee to terminate health insurance and elect an HRA
- No over the counter medicines eligible for reimbursement